MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 137

01646

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town rural Unionville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Union Bridge, R.F.D. #1 (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Louise Albaugh

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband ~~or wife~~ Clarence N Albaugh

6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) May 27th 1907

8. AGE: Years 31 Months 8 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Farmer

FATHER 12. Name Henrick Steele

13. Birthplace Md

MOTHER 14. Maiden Name Minnie Lambert

15. Birthplace Md

16 (a) Informant Mrs Minnie Steele

(b) Address Union Bridge Md

17 (a) Pipe Creek (Burial, cremation, or removal) (b) Date thereof Feb 15 1939 (month) (day) (year)

(c) Cemetery or crematory Pipe Creek

Location Uniontown Carroll Co

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown Md

19 (a) Feb 14 1939 (Date rec'd by registrar) (b) J. W. Eufman Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 13th 1939, at 6.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-12- 1939, to 2-13- 1939, and that I last saw him alive on 2-13- 1939.

Immediate cause of death Influenza

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 2

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Legg M D (M. D. or other)

Address Union Bridge Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01647

1. PLACE OF DEATH

County Frederick (93c) Registration Dist. No. 137

Village or City Near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Matilda Albaugh If U. S. Veteran, specify WAR

(a) Residence: No. Liberty District St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 9th 1863

7. AGE: Years 75 | Months 3 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Seamstress

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Albaugh

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucy Unkefer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) J. T. Sim Albaugh Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmont Date Feb 9th, 1939

19. UNDERTAKER (Address) Powell & Albaugh Libertytown Md

20. FILED Feb 8, 1939 N. D. Cuffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Feb 6, 1939

I last saw her alive on Feb 2, 1939; death is said to have occurred on the date stated above, at 7:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 day
Other Contributory Causes of importance:	
Myocardial	1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. W. Beall M. D.

(Address) Libertytown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

FEB 23 1939 BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01648

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (159)

County Frederick (Outside) Registration Dist. No. 131

Village or City Montevue No. Emergency Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

Within Corporate Limits

2. FULL NAME Baby Girl Alexander If U. S. Veteran, specify WAR None

(a) Residence: No. 185 E. Second St., Ward.

Frederick Md. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. COLOR OR RACE: white | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): new born

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 16-1939

7. AGE: Years 0 | Months 0 | Days 1 | If LESS than 1 day, 4 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: New born.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Emergency Hospital Frederick Co. Md.

FATHER

13. NAME: Paul Arthur Alexander

14. BIRTHPLACE (city or town) (State or country): Waynesboro Pennsy

MOTHER

15. MAIDEN NAME: Betty Elizabeth Stine

16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

17. INFORMANT (Address): Evangeline Cue E. Emerg. Hosp. Frederick Md

18. BURIAL, CREMATION, OR REMOVAL: Place Frederick Mem. - oral Cem., Frederick Date Feb 17, 1939

19. UNDERTAKER (Address): M. R. Etchison & Son Frederick, Maryland

20. FILED 17-Feb, 1939 Dra J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 16 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to Feb 16, 1939

I last saw her alive on Feb 16, 1939; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Prematurity (7 mos)	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Frank H. Worthington M. D.

(Address) Frederick — Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 6 1928 BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

01643

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Thurmont Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Thurmont Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Doubles North of Thurmont
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Solan William Bailey

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ellen V. Bailey

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Mch. 16 1867

8. AGE: Years 71 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Graffon Taylor W. Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Tilling the soil

FATHER
12. Name Joseph Bailey
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Rebecca Elliott
15. Birthplace W. Virginia

16 (a) Informant Ruth Bailey
(b) Address Thurmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 20 39 (month) (day) (year)
(c) Cemetery or crematory Blue Ridge
Location Thurmont

18 (a) Funeral director Wm. Hiddle & Company
(b) Address Thurmont

19 (a) Feb. 14, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 14 1939, at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1938, to Feb. 14 1939, and that I last saw him alive on Dec. 15 1938.

Immediate cause of death	Duration
Cerebral Hemorrhage	Suddenly
Due to Cerebral Arteriasclerosis	3-4 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James T. Gray M. D. or other
Address Thurmont Md. Date signed Feb. 14/1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13 / 01650

CERTIFICATE OF DEATH

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
301 West Fifth Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 9 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 301 West Fifth Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Harriett Frances Barber

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1862

8. AGE: Years 76 | Months 8 | Days 12 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Housekeeper (retired)

11. Industry or business

FATHER
12. Name John Barber
13. Birthplace Reisterstown, Maryland

MOTHER
14. Maiden Name Harriett Templeton
15. Birthplace New York State

16 (a) Informant Mrs. August T. Brust
(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 17-Feb-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 15, 1939, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22- 1939, to 2-13- 1939, and that I last saw her alive on 2-13- 1939.

Immediate cause of death	Duration
Acute myocarditis	25 days
Due to Pulmonary tuberculosis	6-15-38
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ott Cooley. M. D. or other

Address Frederick, Md. Date signed 2-16-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Miss Jennie Barbour

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH (166)

01651

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: (near) East Patrick Street, Ext.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 336 East Church Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Sarah E. Blair

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or divorced. Married (separated)

6 (b) Name of husband or ~~wife~~ Paul Blair

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) August 12, 1882

8. AGE: Years 56 | Months 6 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Yellow Springs, Fred'k., Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER

12. Name Mathias E. Bartgis

13. Birthplace Yellow Springs, Maryland

MOTHER

14. Maiden Name Georganna Green

15. Birthplace Frederick County, Maryland

16 (a) Informant Gordon E. Blair

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 2/22/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 22 Feb 1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 20 1939, at ? A M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Suicide by Drowning	
Due to	
Due to	
Other conditions	

Coroners Inquest

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Suicide

(b) Date of occurrence Feb 20, 1939

(c) Where did injury occur? Frederick (City or town) ____ (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work? No

(e) Means of injury Drowning

23. Signature H. L. Zahniser M.D. M. D. or other

Address Frederick, Md Date signed Feb 24/1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01652

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (82-a)

County Frederick Registration Dist. No. 36

Village or City Jamsville P.O. Village - Centerville Md St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred lifetime mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Bowie

(a) Residence: No. Centerville Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Andrew Bowie

6. DATE OF BIRTH (month, day, and year): Feb 1- 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year): Jan - 1931

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Frederick Co Md

FATHER

13. NAME: William Hammond

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

MOTHER

15. MAIDEN NAME: Maria Denmark

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT (Address): James A. Bowie Jamsville Md

18. BURIAL, CREMATION, OR REMOVAL — Place: Ebenezer Cemetery Date: Feb 12, 1939

19. UNDERTAKER (Address): Roy W. Barker Gaithersburg

20. FILED Feb 11, 1939 G. C. Hutchison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 9th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ——— ——— , 1937, to February 9th, 1939

I last saw her alive on February 8th, 1939; death is said to have occurred on the date stated above, at 12 Noon.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/8/39

Other **Contributory Causes** of importance:

Arterio-Sclerosis
Hypertension

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? ———

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ———, 19———

Where did injury occur? ———
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ———

Nature of injury ———

24. Was disease or injury in any way related to occupation of deceased? ———

If so, specify ———

(Signed) U. G. Boarman M. D.

(Address) Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 3 1929 BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01653

(8)

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 131

~~Village~~ or City Frederick City (Within Corporation Limits) — No. Frederick City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Brandfield — If U. S. Veteran, specify WAR ...

(a) Residence: No. 305 West 2nd St., Ward. ...

(Usual place of abode) — If nonresident give city or town and State

Frederick Md.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Male	White	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	0 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Ira Irving Brandfield

14. BIRTHPLACE (city or town) (State or country) New York City N.Y.

MOTHER

15. MAIDEN NAME Jessie Ethelyn George

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Ira I. Brandfield

(Address) Frederick, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mount Olivet Cem. Frederick Date 2/20, 1939

19. UNDERTAKER Gladhill Company

(Address) Middletown, Maryland

20. FILED 20 Feb, 1939 Ira J. McCurdy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb. 15 1939 to Feb. 15 1939.

I last saw him alive on Feb. 15, 1939; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Stillborn

Prolapse of umbilical Cord. Suffocation

Date of onset Feb 15-39.

Other Contributory Causes of Importance:

Prolapse of cord

Name of operation ... Date of ...

What test confirmed diagnosis? Sight Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Wm. M. Smith M. D.

(Address) Frederick Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH (73-S)

01654

Outside

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Wilson Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. Wilson Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs. Josephine Hemler Brickner

3 (b) If veteran, name war: NONE

3 (c) Social Security No. NONE

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~: Peter A. Brickner

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1859

8. AGE: Years 79 | Months 2 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace Littlestown, Pa. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Philip Hemler

FATHER 13. Birthplace New Oxford, Pa.

MOTHER 14. Maiden Name Catharine Eaby

MOTHER 15. Birthplace Horney, Pa.

16 (a) Informant Mrs. Wm. Mehan

16 (b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 2-22-39 (month) (day) (year)

17 (c) Cemetery or ~~crematory~~ St. Mary's

Location York, Pa.

18 (a) Funeral director Wm. J. Ball

18 (b) Address York, Pa.

19 (a) 19-Feb-1939 (Date rec'd by registrar) (b) Wm J. McSurely Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 18, 1939, at 11:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1939, to Feb 18 1939, and that I last saw him alive on Feb 15 1939.

Immediate cause of death	Duration
Chr. Myocarditis	
Due to Senility	
Due to	
Other conditions Acute Decompensation	Sudden

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Laurence Fahrney M.D. (M. D. or other)

Address Frederick Md Date signed Feb 19 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

a Certificate (23)

CERTIFICATE OF DEATH

01655

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Monrovia Md. Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days.

(e) Length of stay in this community (yrs., mos., or days) 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Libertytown Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Dewey Brown

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	colored	Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 5 1898

8. AGE: Years	Months	Days	If less than one day
40	7	16	_____ hr. _____ min.

9. Birthplace Libertytown Md.
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER
12. Name William Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Maggie Brooks
15. Birthplace Maryland

16 (a) Informant Evangeline Rice R. N.

(b) Address Emergency Hospital

17 (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb 24th 1939
(month) (day) (year)

(c) Cemetery or ~~crematory~~ Liberty Town Md.

Location _____

18 (a) Funeral director Powell & Waugh

(b) Address Libertytown Md

19 (a) 23-Feb-1939 (b) Dora J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 22 1939, at 3a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1939 to Feb 22 1939, and that I last saw him alive on Feb 21 1939.

Immediate cause of death	Duration
(a) Pulmonary T.B.	6 mo. ?
Due to (b) _____	
Due to (c) _____	
Other conditions _____	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature B O Thomas
M. D. or other

Address Frederick Md Date signed Feb. 25 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01656

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH 51-D

County Frederick — Within Corporation Limits · Registration Dist. No. 131

~~Village~~ or City Frederick City — No. Frederick City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 30 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall Calvin Burrall. If U. S. Veteran, specify WAR No

(a) Residence: No. New Market Frederick Co. Md. Ward. New Market Frederick Co. Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Bertha R. Burrall.

6. DATE OF BIRTH (month, day, and year): August 2. 1893

7. AGE: Years 45 | Months 6 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Automobile

10. Date deceased last worked at this occupation (month and year): April 1938

11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: Jesse M. Burrall.

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Elsie A. Sheetenhelmer

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Bertha R. Burrall, New Market, Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Pleasant Hill Cemetary Date 2-18, 1939

19. UNDERTAKER (Address): W. E. Falconer, New Market, Md

20. FILED 17 Feb, 1939 Ira J. McSurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June, 14, 1939, to Feb. 15, 1939

I last saw h~~im~~ alive on Feb. 15, 1939; death is said to have occurred on the date stated above, at 9:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Testicle	18 mos. ago.
Other Contributory Causes of importance: General Carcinomatosis	3 mos. ago.

Name of operation: Orchidectomy Date of 1 yr. ago.

What test confirmed diagnosis? Microscopic Section Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ...

(Signed) Frank O'Worthington M. D.

(Address) Frederick - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED MAR 6 1928 BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01657

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village or City~~ Near Lander Md. Outside No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Nan Williams Carter If U. S. Veteran, specify WAR none

(a) Residence: No. Near Lander - Md. St., Ward. Flint Hill, Va.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word)
female	white	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Hezekiah Carter

6. DATE OF BIRTH (month, day, and year) UNKNOWN

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70yrs ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At home

10. Date deceased last worked at this occupation (month and year) 2/39 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) Flint Hill (State or country) Virginia

FATHER

13. NAME John Elkins.

14. BIRTHPLACE (city or town) Warren Co. (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Rutherford

16. BIRTHPLACE (city or town) Warren Co. (State or country) Virginia

17. INFORMANT Mr. Ahler Williams (Address) Lander, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Frederick to Maryland Place Montevue Cem. Date Feb. 10, 1939

19. UNDERTAKER M. R. Etchison & Son, (Address) Frederick, Maryland

20. FILED 10 July 1939 Ira J. McSurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Fenruary 8th., 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1939, to Feb 8, 1939

I last saw her alive on Feb 8, 1939; deeth is said to have occurred on the dete steted above, at 5P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/6/39
Acute Myocarditis	2/8/39
Edema	2/8/39

Other Contributory Causes of importance: Diabetes

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Dete of injury , 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. Lambert Price M. D.

(Address) Jefferson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 6 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01658

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 134

Village or City Emmitsburg — No. St. Joseph's St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bridget Cavanaugh (Sister Josepha) If U. S. Veteran, specify WAR

(a) Residence: No. St. Joseph's St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Sister of Charity

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sister of Charity

6. DATE OF BIRTH (month, day, and year): Feb 14 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Hospital work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 62Yrs.

12. BIRTHPLACE (city or town) (State or country): Greenfield Michigan

FATHER

13. NAME: Dudley

14. BIRTHPLACE (city or town) (State or country): Co. Wexford Ireland

MOTHER

15. MAIDEN NAME: Anastasia Murphy

16. BIRTHPLACE (city or town) (State or country): Ballymoek, Dunfein, Ireland

17. INFORMANT (Address): Sr. Gertrude St. Joseph's

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Date Feb. 6, 1939

19. UNDERTAKER (Address): S. L. Allison Emmitsburg, Md

20. FILED Feb. 6, 1939 M. F. Shaffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 8d (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec 12, 1938, to Feb 8d, 1939

I last saw her alive on 2/3, 1939; death is said to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2/2/39

Other Contributory Causes of importance:

Chronic Arterial Sclerosis	1935

Name of operation: Physical Examination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Morris A. Bush M. D.

(Address) Thurmont Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between retail **merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 4 1936

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(139-C)

01653

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Fredk. City ~~Hospital~~
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Fredk City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 dy
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED: (Outside)
(a) State Md (b) County Frederick
(c) ~~City~~ or town Mt Sh Marys Md.
(If outside city or town limits, write RURAL and give town)
(d) ~~No.~~ Near Emmitsburg Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary Clabaugh

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of husband or ~~wife~~ Guy F. Clabaugh

6. (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) April 10 - 1900

8. AGE: Years 38 | Months 10 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Mt Sh Marys Fredk Co Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Clarence Adams
13. Birthplace Gettysburg Pa

MOTHER
14. Maiden Name Annie Kretz
15. Birthplace Mt Sh Marys Md

16 (a) Informant Guy F. Clabaugh
(b) Address Emmitsburg Md

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Feb 28 1939 (month) (day) (year)
(c) Cemetery or crematory St Anthony
Location Near Emmitsburg

18 (a) Funeral director M. J. Creagey Sons
(b) Address Thurmont Md

19 (a) 25 Feb 1939 (Date rec'd by registrar) (b) Dora J. McSherry Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 25 1939 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1939, to Feb 25 1939 and that I last saw ~~him~~ alive on Feb 24 1939.

Immediate cause of death	Duration
Acute Nephritis 3am	1 wk.
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Prolapsis Uteri
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E P Thomas M.D.
M. D. or other

Address Frederick Date signed Feb 25 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01660

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 131

~~Village~~ or City Frederick — No. 413 W. South St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. — How long in U. S. if of foreign birth? yrs. mos. ds.

Within Corporation Limits

2. FULL NAME Guy Elroy Cockrell — If U. S. Veteran, specify WAR World War

(a) Residence: No. 413 W. South St St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED, WIDOWED,~~ OR DIVORCED (*write* the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ann Bentz

6. DATE OF BIRTH (month, day, and year) Feb. 5th., 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Cigar Store

10. Date deceased last worked at this occupation (month and year) 2/39

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Buckeystown (State or country) Maryland

FATHER

13. NAME Walter Cockrell

14. BIRTHPLACE (city or town) Doub (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillie E.J.Hoffman

16. BIRTHPLACE (city or town) Doub (State or country) Maryland

17. INFORMANT Mrs. Lillie E. J. Cockrell, (Address) 413 W. South St., Fred., Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Frederick, Md. Place Mt. Olivet Cem. Date Feb. 7, 1939

19. UNDERTAKER M. R. Etchison & Son, (Address) Frederick, Maryland

20. FILED 6-Feb, 1939 Ina J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 5th., 1939 (Month) (Day) (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1939, to Feb 5, 1939

I last saw him alive on Feb 5, 1939; death is said to have occurred on the date stated above, at 5.50P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis	Unknown

Other Contributory Causes of importance:

none	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or Injury in eny way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address) Frederick, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants and wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

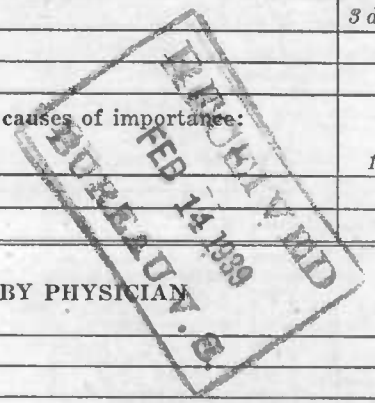
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

01661

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo 12Days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 821 S. Charles St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Thomas J. Cook.

3 (b) If veteran, name war: no

3 (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary L. Cook

6. (c) If alive, give age: unknown years

7. Birth date of deceased (mo., day, yr.): April 20 1895

8. AGE: Years: 43 | Months: 9 | Days: 21 | If less than one day: ____ hr. ____ min.

9. Birthplace: Maryland. (Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Store

FATHER

12. Name: John Cook

13. Birthplace: Maryland.

MOTHER

14. Maiden Name: Mary L Reynolds.

15. Birthplace: Maryland.

16 (a) Informant: Thomas J. Cook

(b) Address: Baltimore. Md.

17 (a) Balto. Md. (Burial, cremation, or removal) (b) Date thereof Feb 14 1939 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location: Baltimore. Md.

18 (a) Funeral director: Fred Kraus & Son

(b) Address: 1215 S Charles St. Balto. Md

19 (a) 2/14/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 11 1939, at 3.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1938, to Feb 11 1939, and that I last saw him alive on Feb 11 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	5½ Yrs
Due to Tubercle Bacilli	
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address State Sanatorium md. Date signed Feb 11, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 15 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

01662

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 10 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. Grant Street (If rural give location)

(e) If foreign born, how long in U. S. A.? Ontario years

3 (a) **FULL NAME** Annie Hester Margaret DeGrange

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of husband or ~~wife~~ Henry S. DeGrange

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) October 9, 1861

8. AGE: Years 77 | Months 4 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name David L. Myers

FATHER 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden Name Elizabeth Specht

MOTHER 15. Birthplace Frederick County Maryland

16 (a) Informant Mr. H. S. DeGrange,

16 (b) Address Grant St., Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 16, 1939 (month) (day) (year)

17 (c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

18 (b) Address Frederick, Maryland

19 (a) 14 Feb (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 14 1939, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1939, to Feb 14 1939, and that I last saw ~~him~~ her alive on Feb 13 1939.

Immediate cause of death Pneumonia Lobar — Duration 8 days

Due to Infection

Due to

Other conditions Oedema of lungs

(Include pregnancy within 3 months of death)

Major findings:

Of operations X

Of autopsy Y

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. M. Smith M D (M. D. or other)

Address Frederick Md. Date signed Feb 14-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01663

(93-2)

Arthur Corporation Limited

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village or~~ City Frederick No. Fred'k City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred 70 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Duvall If U. S. Veteran, specify WAR None

(a) Residence: No. 557 E. Patrick St., Ward.

Frederick Md. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word) Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of J. Edw. Duvall

6. DATE OF BIRTH (month, day, and year) Jany 9-1847

7. AGE Years 92 Months — Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Home

10. Data deceased last workad at this occupation (month and yaar) 1928

11. Total time (yaars) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.

FATHER

13. NAME Joshua Young

14. BIRTHPLACE (city or town) Frederick County (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Oertz Lough

16. BIRTHPLACE (city or town) Frederick County (State or country) Maryland

17. INFORMANT Mrs G. Anderson (Address) Frederick Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Olivet Cem. Fred'k Md. Dete 2/4, 1939

19. UNDERTAKER C. E. Cline & Son (Addrass) Frederick Md.

20. FILED 2-Feb, 1939 Ira J. McCurdy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 2d (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attanded daceased from Jany, 1935, to 2-Feby, 1939

I last saw her alive on 31-Jany, 1939; deeth is seid to heve occurred on the date stated ebove at 12:25 a m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:

	Date of onset
Myocardial Insufficiency	1935

Other Contributory Causes of importance:

Arterio-Sclerosis General	?

Neme of operation Date of

What test confirmed diagnosis? Clinical Wes there an autopsy? No

23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Wes diseese or injury in eny way releted to occupetion of deceased? No

If so, specify

(Signed) J. McCurdy M. D.

(Address) Frederick - Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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MAR 6 1929
U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

01664

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH (97)

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Brunswick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 518 West B St
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 60

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Fred.
(c) City or town Rural Brunswick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1½ Mi. East of Brunswick
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles William Eagle

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Sarah J. Boyer

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 14 1857

8. AGE: Years 81 Months 5 Days If less than one day ____ hr. ____ min.

9. Birthplace Near Frederick Md.
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business —

FATHER
12. Name Geo. W. Eagle
13. Birthplace Virginia

MOTHER
14. Maiden Name ~~Amelia~~ Sarah Jane Boyer ~~Lemmon~~
15. Birthplace Adamstown Md

16 (a) Informant Mrs L. E. Roelke
(b) Address Brunswick Md.

17 (a) Burkettsville Md (b) Date thereof Feb. 16 1939
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Burkettsville
Location Burkettsville Fred Co. Md

18 (a) Funeral director C. H. Futer Bu (Per) B. Lee Futer
(b) Address Brunswick Md

19 (a) Feb 15 1939 (b) ____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 14 1939, at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1939, to Feb 14 1939, and that I last saw him alive on Feb 9 1939

Immediate cause of death Arteriosclerosis — Duration ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature [signature] M. D. or other

Address Brunswick Md Date signed 2/15/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 3 1939
BUREAU V. S.

01665

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village~~ or City Frederick No. Frederick City Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 21 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Solomon Ehrlich If U. S. Veteran, specify WAR

(a) Residence: No. 8 West Fourth St., Ward.

Frederick Md. (Usual place of abode) If nonresident give city or town and State

Within Corporation Limits

46C

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: 72 Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): City Hosp. Records Frederick Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Ohob Sholem

Place ~~Baltimore~~ Date 2-6-39, 1939

19. UNDERTAKER (Address): Jack Lewis Inc. 1839 E. Malta St.

20. FILED 5-Feb, 1939 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 5th (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1939, to Feb 5, 1939

I last saw him alive on Feb 4, 1939; death is said to have occurred on the date stated above, at 4 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of large bowel with metastasis to liver	?

Other Contributory Causes of Importance:

arteriosclerotic nephritis	?

Name of operation: none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature] M. D.

(Address) Frederick Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*June 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAR 6 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01666

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick. Registration Dist. No. 139

Village or City State Sanatorium. Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur W. Elliott If U. S. Veteran, specify WAR

(a) Residence: No. 3406 Beech, Ave. St., Ward. Baltimore. Maryland.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Elliott

6. DATE OF BIRTH (month, day, and year) July 25 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Chauffeur

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Edward W. Elliott

14. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

MOTHER

15. MAIDEN NAME Florence May Wells.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Wilbur W. Elliott

(Address) Baltimore. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Md. Date Unknown, 19

19. UNDERTAKER M.L. Creeger

(Address) Thurmont, Md.

20. FILED 7/1/39, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 2 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1937, to Feb 2, 1939

I last saw him alive on Feb. 1, 1939; death is said to have occurred on the date stated above, at 6.00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1935.

Other Contributory Causes of Importance:

Name of operation none Date of

What test confirmed diagnosis? Chest X-Ray Was there an autopsy? no

Pos Sputum.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) Stewart S. Shaffer M. D.

(Address) State Sanatorium Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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FEB 6 1939
FEDERAL

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01667

117-a

1. PLACE OF DEATH

County Frederick Registration Dist. No. 147

Village or City near Unionville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cordelia E. Etzler If U. S. Veteran, specify WAR

(a) Residence: No. R.D. Mt. Airy, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of late Agustus Etzler

6. DATE OF BIRTH (month, day, and year) Dec. 5, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co (State or country) Md.

FATHER

13. NAME Levi Ecker

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary E. Gittings

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Carrie Aldridge (Address) 103 Forrest View Av. Balto. Md

18. BURIAL, CREMATION, OR REMOVAL Place Beaver Dam Cem. Date Feb. 19, 1939

19. UNDERTAKER C. M. Waltz (Address) Winfield, Md.

20. FILED Feby 18, 1939 Archley R. Molesworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 15, (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Mar. 1, 1928, to Feb. 16, 1939

I last saw her alive on Feb. 14, 1939; death is said to have occurred on the date stated above, at 11.55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myo-Carditis	10 yrs.
Ulcer of Stomach	3 Mo

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ira H. Beall M.D.

(Address) Liberty Town Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
MAR 3 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

01668

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

46C

County Frederick. Registration Dist. No. 144

Village or City Near Thurmont No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward S. Eyler If U. S. Veteran, specify WAR No

(a) Residence: No. Thurmont. Cutside St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha E. Wilhide.

6. DATE OF BIRTH (month, day, and year) Oct. 2nd. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 38

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Rocky Ridge (State or country) MD

FATHER

13. NAME Thomas Eyler

14. BIRTHPLACE (city or town) Rocky Ridge (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Cline

16. BIRTHPLACE (city or town) Middletown (State or country) Md

17. INFORMANT Everst C. Eyler (Address) Thurmont. MD

18. BURIAL, CREMATION, OR REMOVAL Place Thurmont. U.B.Cem Data Feb. 6th, 19 39

19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont. MD

20. FILED Feb. 6, 1939 Anna M. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February. 3rd. 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1938, to 2/3, 1939

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 2:50 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach & Liver	1938

Other Contributory Causes of Importance:

Name of operation Unused Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Morris A. Bealy M. D.

(Address) Thurmont Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01669

1. PLACE OF DEATH

County Frederick (92-a) Registration Dist. No. 140

Village or City near Haugh's Church No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Jacob Flickinger

(a) Residence: No. Nr. Ladiesburg St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna A. Flickinger

6. DATE OF BIRTH (month, day, and year): Feb. 29, 1864

7. AGE: Years 74 | Months 11 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Harry Flickinger

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Frances Humbert

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Wm. Flickinger, Keymar, Md

18. BURIAL, CREMATION, OR REMOVAL: Haugh's Mt Zion Date Feb. 7, 1939

19. UNDERTAKER (Address): C. D. Russ & Son, Taneytown, Md.

20. FILED Feb. 6, 1939 L. E. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Feb. 5, 1939

I last saw him alive on Feb. 4, 1939; death is said to have occurred on the date stated above, at 9.45 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of heart	1938

Other **Contributory Causes** of importance:

Acute dilation of heart	Feb 5 1939

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Roland R. Diller M. D.

(Address) Detour Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01670

107-a

1. PLACE OF DEATH

County Frederick Registration Dist. No. 140

Village or City LeGore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dixie Lee Fogle

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 6. 1938

7. AGE Yeers	Months	Oeys	If LESS then 1 day, hrs. or min.
	2	28	

OCCUPATION

8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. —

10. Oate deceased last worked at this occupation (month and yeer) —

11. Totel time (yeers) spent in this occupetion —

12. BIRTHPLACE (city or town) LeGore (State or country) Md.

FATHER

13. NAME Robert H. Fogle

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary R. Grimes

16. BIRTHPLACE (city or town) (Stete or country) Md.

17. INFORMANT Robert H. Fogle
(Address) LeGore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Dete Feb. 6., 1939

19. UNDERTAKER Powell & Slaughter
(Address) Woodsboro, Md.

20. FILED Feb. 6., 1939 L. C. Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 3 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, Thet I attended deceased from Feb 2, 1939, to Feb 4, 1939

I last saw h alive on Feb 4, 1939; deeth is said to have occurred on the date steted above, et 9:30 A m.

The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:

	Oate of onset
Pneumonia - bronchio	Feb 1939

Other Contributory Causes of importence:

Malnutrition

Name of operetion Oate of

Whet test confirmed diegnosis? Was there en eutopsy?

23. if deeth was due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Oate of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or injury In eny wey related to occupation of deceased?

If so, specify

(Signed) C. Clayton Day M. D.

(Address) Walkersville, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAR 6 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

01671

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium, Maryland. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Yr 4Mos 1Da.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Prince George
(c) City or town Riverdale (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Jefferson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Ernest C. Gallagher

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary E. Gallagher
6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Aug 30 1904

8. AGE: Years	Months	Days	If less than one day
34	5	20	____ hr. ____ min.

9. Birthplace: Richmond Va. (Town, county, and state)
10. Usual occupation: Painter
11. Industry or business:

FATHER
12. Name: W.T.Gallagher
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Dora Frances Bowes
15. Birthplace: Virginia

16 (a) Informant: Ernest C. Gallagher
(b) Address: Riverdale, Md.

17 (a) Richmond Va. (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)
(c) Cemetery or crematory: Unknown
Location: Unknown

18 (a) Funeral director: M.L.Creager
(b) Address: Thurmont. Md.

19 (a) 4/20/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 20 19 39 at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1937, to Feb 20 19 39, and that I last saw him alive on Feb 20 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 Years
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Stewart L. Shaffer M.D. (M. D. or other)
Address: State Sanatorium Md. Date signed 2/20/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAR 3 1939
BUREAU V. S.

01672

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick (97) Registration Dist. No. 134

Village or City Bridgeport No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Goodenough If U. S. Veteran, specify WAR

(a) Residence: No. Bridgeport Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	widow

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Calvin Goodenough

6. DATE OF BIRTH (month, dey, end yaar) May 7, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. Y.
(State or country)

FATHER

13. NAME Ezekiel Cornell

14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Rosetta S. Dicker

16. BIRTHPLACE (city or town) N. Y.
(State or country)

17. INFORMANT W. A. Serpening Taneytown Md RD
(Address)

18. BURIAL, CREMATION, OR REMOVAL Jefferson N. Y. Date Feb 7, 1939

19. UNDERTAKER C. A. Fuss & Son Taneytown Md.
(Address)

20. FILED Feb. 4, 1939 W. F. Shuff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 2 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended decaesed from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurrad on the date stetad abova, at 8 30 p m.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importence were es follows:

	Date of onset
Arteriosclerosis	

Dther **Contributory Causes** of Importanca:

Name of operation Date of

Whet test confirmed diegnosis? Was thare an autopsy?

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Mannar of Injury

Natura of injury

24. Was diseese or injury in any wey ralatad to occupation of decaased?

If so, specify

(Signad) P. F. Wells M. D.

(Addrass) Taneytown Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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MAR 4 1939
BUREAU U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

107-a

CERTIFICATE OF DEATH

03 01673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 503 Magnolia Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____

(e) Length of stay in this community (yrs., mos., or days) 2mo.

within Corporation Limits

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N. Y. (b) County ~~Queens~~ Queens

(c) City or ~~town~~ New York City (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years ✓

3 (a) **FULL NAME** Roger Milburn Gross.

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
none	none	male	white	single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 16, 1938

8. AGE: Years	Months	Days	If less than one day
0	8	11	_____ hr. _____ min.

9. Birthplace Schenectady, Schenectady, N. Y. (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Harry M. Gross, Jr.,

FATHER 13. Birthplace Middletown, Maryland

MOTHER 14. Maiden Name Margaret Wilhelm

MOTHER 15. Birthplace Schenectady, N. Y.

16 (a) Informant Mr. Harry M. Gross, Jr.,

(b) Address Columbia Univ., New York, N. Y.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 1, 39 (month) (day) (year)

(c) ~~Cemetery~~ or crematory Fort Lincoln

Location Baadensburg, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 28-Feby-39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death February 27, 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1938, to Feb 27 1939, and that I last saw him alive on Feb 27 1939.

	Duration
Immediate cause of death Broncho-pneumonia	2 days
Due to Mongolism	6.16.38
Due to Hydrocephalus	6.16.38
Due to _____	
Other conditions _____	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature R. W. Barr M. D. or other

Address Frederick, Md. Date signed 2/28/39

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

01674

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in this community (yrs., mos., or days) 51

2. HOME (USUAL RESIDENCE) OF DECEASED:

Within Corporation Limits

(a) State Md. (b) County Frederick

(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 45 East Patrick Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**
John Henry Grove

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband or wife: Cora E. Huff Grove

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 13, 1862

8. AGE:

Years	Months	Days	If less than one day
76	11	2	____hr. ____min.

9. Birthplace near Frederick, Maryland
(Town, county, and state)

10. Usual occupation Merchant (retired)

11. Industry or business Automobile Retailer

FATHER
12. Name Elias Grove
13. Birthplace near Frederick, Maryland

MOTHER
14. Maiden Name Henrietta Kehne
15. Birthplace Germany

16 (a) Informant R. R. Rice
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2/17/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 17-Feb, 1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 16 1939 at 8 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1939, to Feb 15 1939, and that I last saw him alive on Feb 15 1939.

Immediate cause of death	Duration
Pylorus Obstruction	2
Due to Carcinoma of Stomach	1
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature E P Thomas M. D. or other

Address Frederick Md Date signed Feb 16-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

01675

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
4 East Church Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 39 yr

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4 East Church Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Herbert Noel Haller

3 (b) If veteran, name war: NONE

3 (c) Social Security No. NONE

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of ~~husband~~ or wife Mary L. Turner

6. (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) October 17, 1899

8. AGE: Years	Months	Days	If less than one day
39	4	4	____ hr. ____ min.

9. Birthplace Frederick
(Town, county, and state)

10. Usual occupation Attorney at Law

11. Industry or business

FATHER

12. Name Hemma H. Haller

13. Birthplace Maryland

MOTHER

14. Maiden Name Angeline D. Bryan

15. Birthplace Washington, D.C.

16 (a) Informant Mrs. H. Noel Haller

(b) Address 4 East Church St., Fred, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23 '39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 23 Feb 1939 (Date rec'd by registrar) (b) Ira L. McSunday Registrar

MEDICAL CERTIFICATION

20. Date of death July 21, 1939, at 10:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1938, to July 21 1939, and that I last saw him alive on July 21 1939.

	Duration
Immediate cause of death Carcinoma of Pancreas	4 Mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Pancreas. 12-19-38

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Etchison M. D. or other

Address Frederick Md. Date signed 7-22-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

01676

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Lewistown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 72-3-3

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Lewistown.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Levenia E. Harne.

3 (b) If veteran, name war: No
3 (c) Social Security No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: B. Frank Harne
6. (c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.) Nov. 14th. 1866

8. AGE: Years 72 | Months 3 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Lewistown. Fredk Co. Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own home

FATHER
12. Name Benjamin C. Holt
13. Birthplace Lewistown. MD

MOTHER
14. Maiden Name Harriette A. Hummer
15. Birthplace Lewistown. MD

16 (a) Informant B. Frank Harne.
(b) Address Lewistown. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19-39 (month) (day) (year)
(c) Cemetery or crematory Lewistown.
Location Lewistown

18 (a) Funeral director M. L. Creager & Son.
(b) Address Thurmont. MD

19 (a) Feb. 18-1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 17th. 1939, at 6:30A; M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1939, to Feb. 17 1939, and that I last saw him alive on Feb. 16 1939.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Ruptured Artery in Brain	"
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jesse T. Gray M.D. M. D. or other
Address Thurmont Md. Date signed Feb. 17 '39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAR 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01677

Within Corporation Limits

1. PLACE OF DEATH

County Frederick

Village or City Frederick

Registration Dist. No. 131

No. 249 E. Church St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Leslie Herring If U. S. Veteran, specify WAR None

(a) Residence: No. 249 E. Church St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Edward Herring

6. DATE OF BIRTH (month, day, and year) Dec. 21 1864

7. AGE	Years	Months	Days	if LESS than 1 day, hrs. or min.
	74	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Home

10. Date dacaased last worked at this occupation (month and year) Dec. 1938

11. Total tima (years) spent in this occupation 48 yrs.

12. BIRTHPLACE (city or town) Frederick Md. (State or country)

FATHER

13. NAME Andrew J. Staub

14. BIRTHPLACE (city or town) Frederick Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ann Stone

16. BIRTHPLACE (city or town) Braddock (State or country) Md.

17. INFORMANT Mrs. Arthur H. Doll (Address) Frederick Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem Date 2/4, 1939 Frederick Md

19. UNDERTAKER C. E. Elmer & Son (Address) Frederick Md

20. FILED 3 Feby., 1939 Dra J. McSurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. Feb. 2, 193 9. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended dacaased from Jan. 1, 1939. to Feb. 2, 1939.

I last saw h er aliva on Feb. 1, 1939.; death is said to have occurrad on the date stated above, at 10 m.

The PRINCIPAL CAUSE OF DEATH and raiatad causes of importance wera as follows:

	Date of onset
a Chronic Myocarditis	Jan. 1-39

Othar Contributory Causes of importance: Acute dilatation of heart

Nama of operation X Date of X

What test confirmed diagnosis? Symptoms Was thara an autopsy? No

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disaasa or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. M. Smith M. D.

(Address) F. Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(93-C)

01678

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 301 College Ave. (Rear Of House)

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 45

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 301 College Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** William Scholl Hersperger

3 (b) If veteran, name war: None

3 (c) Social Security No. 214-10-2859

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ella Kea Weddle

6. (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) March 10, 1892

8. AGE: Years 46 | Months 11 | Days 8 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation Advertising, Specialties

11. Industry or business Selling

FATHER

12. Name Tilghman Hersperger

13. Birthplace Fred. Co., Maryland

MOTHER

14. Maiden Name Helen Scholl

15. Birthplace Frederick, Maryland

16 (a) Informant Mrs. W. S. Hersperger.

(b) Address 301 College Ave., Fred., Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb 20, 1939 (month) (day) (year)

(c) Cemetery or crematory Fort Lincoln

Location Bladensburg, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 19 Feb 39 (Date rec'd by registrar) (b) Dora J. McSurely Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 18th., 1939, at 12:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1938, to Jan 18 1939, and that I last saw him alive on Jan 18 1939

	Duration
Immediate cause of death Coronary Thrombosis	acute
Due to Myocarditis	Chronic 20 yrs
Due to Abdominal pain.	2 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. W. Baer M. D. or other

Address Frederick, Md. Date signed 2/18/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01679

1. PLACE OF DEATH

County Frederick — Within Corporation Limits — Registration Dist. No. 131

~~Village~~ or City Frederick — No. Frederick City Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 7 mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Rev. Charles H. Hess — If U. S. Veteran, specify WAR None

(a) Residence: No. Harpers Ferry W. Va. St., Ward. Harpers Ferry Jefferson Co. W. Va.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~: Claudia V. Hess

6. DATE OF BIRTH (month, day, and year) Dec-17 1872

7. AGE — Years: 66 — Months: 1 — Days: 17 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Minister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ___

10. Date deceased last worked at this occupation (month and year): December 1938

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

FATHER

13. NAME: Charles Hess

14. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Bushby

16. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

17. INFORMANT: Mrs. Charles Hess

(Address): Harpers Ferry W. Va.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Hillsboro,

Place: Loudoun county Va. Date: 2/5/39, 19___

19. UNDERTAKER: Cornwell and Hall

(Address): Purcellville, Virginia

20. FILED 3-Feb, 1939 Dora J. McCurdy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Feb (Month) 3 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1938, to Feb 3, 1939; that I last saw him alive on Feb 3, 1939; death is said to have occurred on the data stalad above, at 4:04 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uraemia	Dec 27

Dther Contributory Causes of Importanca:

Urinary Retention
Hypertrophied Prostate

Name of operation: Prostatectomy — Date of: Jan 15

What test confirmed diagnosis? ___ — Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Whera did Injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) E P Thoms M. D.

(Address) Frederick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAR 8 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 132

CERTIFICATE OF DEATH

82-a

01680

3

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Burkittsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 22 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Burkittsville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harriet L. Hightman

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William J. Hightman

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1893

8. **AGE:** Years 45 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Lovettsville, Va. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Shryer Stover

13. Birthplace Lovettsville, Va.

MOTHER 14. Maiden Name Bernice Leslie

15. Birthplace Lovettsville, Va.

16 (a) Informant William Hightman

(b) Address Burkittsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/39 (month) (day) (year)

(c) Cemetery or crematory Lutheran Cem.

Location Lovettsville, Va.

18 (a) Funeral director Gladhill Co.

(b) Address Middletown, Md.

19 (a) Feb. 11, 1939 (Date rec'd by registrar) (b) D. Grayson Sannes Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 8 1939, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death Cerebral Hemorrhage (?) Duration

Due to Found dead on arrival

Due to Fell down died

Other conditions instantly (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Levin Wiss M. D. or other

Address Brunswick Md. Date signed Feb 10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

T

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MAR 6 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

01681

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Catoctin Furnace

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 73 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County Frederick

(c) City or town Catoctin Furnace MD

(If outside city or town limits, write RURAL and give town)

(d) Street No. Near Thurmont.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George HOLTZ

3 (b) If veteran, name war: No

3 (c) Social Security No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Mary C. Shuff

6. (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): June 30th. 1865

8. AGE: Years	Months	Days	If less than one day
73	7	26	____ hr. ____ min.

9. Birthplace: Catoctin Furnace Fredk. Co.

(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business

FATHER

12. Name: John Holtz

13. Birthplace: Germany

MOTHER

14. Maiden Name: Racheal Donnelly

15. Birthplace: Penna.

16 (a) Informant: Mrs Mary C. Holtz

(b) Address: Thurmont. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 1st. 39 (month) (day) (year)

(c) Cemetery or crematory: Cemetery

Location: Lewistown. Fredk Co. MD

18 (a) Funeral director: M. L. Creager & Son.

(b) Address: Thurmont. MD

19 (a) Feb. 28 1939 (Date rec'd by registrar) (b) Amos M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 26th. 1939 at 8 A; M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1939, to Feb. 26 1939, and that I last saw him alive on Feb. 25 1939.

Immediate cause of death	Duration
Lobar pneumonia	1 week
Due to	
Due to	
Other conditions Epilepsy	40 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James T. Gray M. D. or other

Address Thurmont Md. Date signed Feb. 27-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

01682

82-a

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 138

Village or ~~City~~ New Market. — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Susan Ann Hood.

(a) Residence: No. New Market Md St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow.

5a. If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ ~~(or) WIFE of~~ Samuel W. Hood.

6. DATE OF BIRTH (month, day, and year) aug 31 — 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
77	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William J. Roberts

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte A Ritchie.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) George Hood. (Son) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Cemetery Date 2—6—1939

19. UNDERTAKER (Address) Frederick W. E. Falconer New Market. Md.

20. FILED Feb 4, 1939 Lucian K. Falconer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 3, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18, 1937 to Feb 3, 1939

I last saw her alive on Feb 2, 1939; death is said to have occurred on the data stated above, at 6 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteria-sclerosis	1932
Cerebral Hemorrhage	Feb 1, 1939

Other **Contributory Causes** of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Ernest P. Rook M. D.

(Address) New Market, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 6 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01683

Within Corporation Limits

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

~~Village~~ or City Frederick No. 34 East South St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 22 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Clayton Hooper If U. S. Veteran, specify WAR None

(a) Residence: No. 34 East South St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Susan Gardner Hooper

6. DATE OF BIRTH (month, day, and year): August 14, 1858

7. AGE: Years 80 | Months 5 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Sand Dealer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1912

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) Frederick (State or country) Maryland

FATHER

13. NAME: William H. Hooper

14. BIRTHPLACE (city or town) Frederick County (State or country) Maryland

MOTHER

15. MAIDEN NAME: Mary Jane Newport

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Frank J. Keefer (Address) Frederick, Maryland

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Olivet Cem. Date Feb. 8, 1939 Frederick, Md.

19. UNDERTAKER C. E. Cline & Son (Address) Frederick, Maryland

20. FILED 7 Feby, 1939 Ira J. McCurdy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feby (Month) 5 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jany 2, 1939, to Feby 5, 1939. I last saw him alive on Feby 5, 1939; death is said to have occurred on the date stated above, at 5 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Impacted fracture of Hip: caused by an accidental fall.	2/39

Other Contributory Causes of importance:

Hypostatic Pneumonia	1/31/39

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in public place on street.

Manner of injury Accidental fall

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) H. J. Thurber M. D.

(Address) Frederick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01684

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 131

~~Village~~ or City Frederick — No. N. Market St. Sanitary Sta. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Guy Emmet Hopwood — If U. S. Veteran, specify WAR none

(a) Residence: No. 226 East Church St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (*write* the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Dorothy Burdette

6. DATE OF BIRTH (month, day, and year) May 22 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	39	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NIGHT MANAGER OF RESTAURANT

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Feb. 14, 1939 — 11. Total time (years) spent in this occupation 9 Yrs

12. BIRTHPLACE (city or town) Frederick (State or country) Md

FATHER

13. NAME Wm Hopwood

14. BIRTHPLACE (city or town) Frederick (State or country) Md.

MOTHER

15. MAIDEN NAME Maggie M. Long

16. BIRTHPLACE (city or town) Yorkmona (State or country) Md

17. INFORMANT Guy Hopwood (Address) Frederick Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Olivet Cem. Frederick Md Date 2/16, 1939

19. UNDERTAKER Harry E. Early Co (Address) Frederick Md

20. FILED 16 Feby, 1939 Ira J. McCurdy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 14 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1938, to Feb 14, 1939

I last saw h~~im~~er alive on Feb 14, 1939; death is said to have occurred on the date stated above, at 9.30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
a Hypertension	1937
Chr Myocarditis	

Other **Contributory Causes** of importance:

Acute Cardiac Decompensation	Sudden.

Name of operetion ____ Date of ____

What test confirmed diagnosis? ____ Wes there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) H Lawrence Fahrney M. D.

(Address) Frederick Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

(52)

CERTIFICATE OF DEATH

04685

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue (Rural R.F.D 3)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital or institution:
(Outside) Montevue County Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14yr. 9 mo.

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 16 W. 5th 41 Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Ella Rebecca Hasseler

3 (b) If veteran, name war —

3 (c) Social Security No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ William Hasseler

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1868

8. AGE: Years	Months	Days	If less than one day
70	4	5	____hr. ____min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewords

11. Industry or business —

FATHER
12. Name James Foreman
13. Birthplace Maryland

MOTHER
14. Maiden Name Susanna Hildebrisle
15. Birthplace Maryland

16 (a) Informant Charlotte Shriver
(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/21/39 (month) (day) (year)

(c) Cemetery or crematory Beaver Dam
Location 1½ miles N.E. Johnsville Md.

18 (a) Funeral director C. E. Cletile and Son
(b) Address Frederick Maryland

19 (a) 21-Feb-39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 18 19 39, at 9 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 19 39, to Feb 18 19 39, and that I last saw her alive on Feb 18 19 39.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to Senile Arteriosclerosis	
Sarcoma of dorsum of foot; cured	
Due to primary in connective tissue of foot.	
Other conditions Sarcoma of foot;	2 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

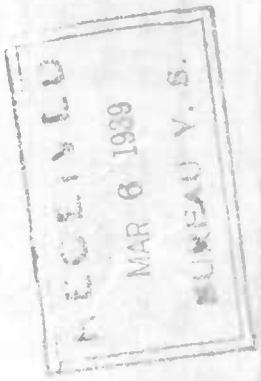
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Frank D. Worthington
M. D. or other

Address Frederick Md Date signed Feb 20-1939

O. B. O. Thomas



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

01686

1. PLACE OF DEATH:

(a) County Frederick,

(b) City or town State Sanatorium, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium,

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Yr 0Mo. 8Days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Harford

(c) City or town Castleton. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Phoebe Ann Ilgenfritz,

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2 1909

8. AGE: Years 29 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Conowingo, Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Morris Ilgenfritz

13. Birthplace Penna

MOTHER 14. Maiden Name Phoebe Culley

15. Birthplace Penna

16 (a) Informant Phoebe Ann Ilgenfritz

(b) Address Castleton. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 28 1939 (month) (day) (year)

(c) Cemetery or crematory Darlington Cem.

Location Harford Co. Maryland

18 (a) Funeral director M.L. Creager

(b) Address Thurmont, Md.

19 (a) 3/6/39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 24 19 39 at 3.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1938, to Feb 24 1939, and that I last saw him alive on Feb 23 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1Yr 4Mos.
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address State Sanatorium md. Date signed 3/24/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01687

82-21

1. PLACE OF DEATH

County Fred Registration Dist. No. 132

Village or City Middletown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Daniel Jennings If U. S. Veteran, specify WAR

(a) Residence: No. ✓ St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily E Jennings

6. DATE OF BIRTH (month, day, and year) Oct 13 1882

7. AGE Years 56 Months 3 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Minister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Nov 1938

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James Jennings

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Moore

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Emily Jennings Wife (Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb 5, 1939 Balto. Md

19. UNDERTAKER James A Hayes (Address) 142 W Hill St

20. FILED Feb. 2, 1939, D. Grayson Sanner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 2 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1939, to Feb 2, 1939

I last saw him alive on Feb 1, 1939; death is said to have occurred on the date stated above, at 5 15 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 27 1939

Other Contributory Causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

None

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Elmer Harp M. D.

(Address) Middletown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01688

1. PLACE OF DEATH

Within Corporation Limits

County Frederick — Registration Dist. No. 131

~~Village~~ or City Frederick — No. 336 E. 3rd St. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 83 yrs. 5 mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Moore Lerch — If U. S. Veteran, specify WAR None

(a) Residence: No. 336 E. 3rd St. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Charles Lerch

6. DATE OF BIRTH (month, day, and year) Sept. 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	83	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

FATHER

13. NAME John T. Moore

14. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Wisong Moore

16. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

17. INFORMANT Howard M. Albaugh
(Address) 336 E. 3rd St. Frederick, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Frederick, Md. Date 2/14/39, 19
Mt. Olivet Cemetery

19. UNDERTAKER Harry E. Carty Co.
(Address) Frederick, Md.

20. FILED 13-Feb, 1939 Ina J. McCurdy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 12, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 6 1939, to July 12, 1939

I last saw h alive on July 10 1939; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 7/6/39

Other Contributory Causes of importance:

Name of operation — Date of

Whet test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. M. Albaugh M. D.

(Address) Frederick Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 8 1930

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

01689

Original

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7Mo 13Da

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1624 Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) **FULL NAME** Matthew Losita

3 (b) If veteran, name war: no

3 (c) Social Security No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jennie Losita

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) April 6 1882

8. AGE: Years 56 | Months 10 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Unknown

FATHER

12. Name Leonardo Losita

13. Birthplace Italy

MOTHER

14. Maiden Name Constanza Vechilli

15. Birthplace Italy

16 (a) Informant Matthew Losita

(b) Address Baltimore. Md.

17 (a) Balto. Md. (Burial, cremation, or removal) (b) Date thereof Feb 20 1939 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Baltimore. Md.

18 (a) Funeral director M.L. Creager

(b) Address Thurmont. Md

19 (a) 2/16/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 16 1939, at 2.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1938, to Feb 16 1939, and that I last saw him alive on Feb 15 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	13Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M.D. or other

Address State Sanatorium Date signed Feb 16, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 25 1939
BUREAU V. S.

Outside

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

01690

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Nr. Braddock, Fred. R.D. 5
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 57

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Nr. Braddock, Fred. R.D. 5
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles William Mahoney

3 (b) If veteran, name war: None

3 (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Nellie Mumford

6. (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): February 3, 1882

8. AGE: Years: 57 | Months: 0 | Days: 24 | If less than one day: ____ hr. ____ min.

9. Birthplace: Nr. Braddock, Fred Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Francis Mahoney
13. Birthplace: Frederick, Co., Md.

MOTHER
14. Maiden Name: Amanda Ausherman
15. Birthplace: Frederick, Co., Md.

16 (a) Informant: Mrs. C. W. Mahoney,
(b) Address: Frederick, Md. R.D. 5

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 1, 39 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Mount Olivet
Location: Frederick, Maryland

18 (a) Funeral director: M.R.Etchison & Son
(b) Address: Frederick, Maryland

19 (a) 28 Feb 39 (Date rec'd by registrar) (b) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death: Feb 27 1939, at 5-15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Did not attend, to ____ 19____, and that I last saw him alive on ~~Sudden~~ (Suddenly)

Immediate cause of death	Duration
Probable Coronary Occlusion	Feb 27 39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: Not performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? None

(e) Means of injury

23. Signature: J. Elmer Harp M.D. or other

Address: Middletown Date signed 2-28-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 132.

CERTIFICATE OF DEATH

01691

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Burkittsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Burkittsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Clarence Lee Mc Gowan Sr.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen M. Mc Gowan

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 1870 April 21

8. AGE: Years 68 | Months 9 | Days 19 | If less than one day ____hr. ____min.

9. Birthplace Dargen Washington Co. Md.
(Town, county, and state)

10. Usual occupation Track Foreman Railroad

11. Industry or business

FATHER 12. Name James Mc Gowan
13. Birthplace Maryland

MOTHER 14. Maiden Name Serena M. Ft. Mc Gowan
15. Birthplace Maryland

16 (a) Informant Clarence Lee Mc. Gowan Jr.
(b) Address Burkittsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/39 (month) (day) (year)
(c) Cemetery or crematory Ch. God Cemetery
Location Burkittsville, Md.

18 (a) Funeral director Gladhill Co.
(b) Address Middletown, Md.

19 (a) Feb. 13, 1939 (Date rec'd by registrar) (b) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 10 1939 at 4.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1939, to Feb 9 1939, and that I last saw him alive on Feb. 8 1939.

Immediate cause of death	Duration
Chr: Vabular Heart Disease	about 2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Elmer Harp M.D. (M. D. or other)
Address Middletown Date signed 2-13-39.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01692

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 131

Village or City Montevue — No. Fredk Co. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 14 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Grace B. McKinney — If U. S. Veteran, specify WAR None

(a) Residence: No. R.F.D.#4, Frederick, Md. St., Ward. Frederick Md. R.F.D 4

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) August 12, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	21	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1/39 — 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) Frederick County
(State or country) Maryland

FATHER

13. NAME John W. McKinney

14. BIRTHPLACE (city or town) ____
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Doweary

16. BIRTHPLACE (city or town) ____
(State or country) Maryland

17. INFORMANT Mr. J. W. McKinney
(Address) R.F.D.#4, Frederick, Md.

18. BURIAL, ~~CREMATION, REMOVAL~~ Sunnyside M. E. Cem.
Place Nr. Adamstown, Md. Date Feb. 6, 19 39

19. UNDERTAKER M. R. Etchison & Son
(Address) Frederick, Maryland

20. FILED 4-Feb 1939 Ina J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 3, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1939 to Feb 3 1939

I last saw her alive on Feb 3 1939; death is said to have occurred on the date stated above, at 5-30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Dec. 1-1938

Other Contributory Causes of Importance:

Neme of operation None Date of ____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ____

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Frank D Worthington M. D.

(Address) Frederick, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gostroenteritis	*1 year*

RECEIVED MAR 6 1930

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

CERTIFICATE OF DEATH

01693

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 527 West B St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 3 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State ~~Va~~ Md. (b) County ~~Augusta~~ Frederick

(c) City or town ~~Verona~~ Brunswick (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry E. McLaughlin

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Nellie Littlefield

6. (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1903

8. AGE: Years 35 | Months 7 | Days 4 | If less than one day — hr. — min.

9. Birthplace Verona Virginia (Town, county, and state)

10. Usual occupation Bus drives Capitol Transit

11. Industry or business Capitol Transit

FATHER

12. Name C. H. E. McLaughlin

13. Birthplace Verona Virginia

MOTHER

14. Maiden Name Linda Be. Sutton

15. Birthplace Verona Virginia

16 (a) Informant Bertha Sutton

(b) Address Richmond Va

17 (a) Verona Virginia (Burial, cremation, or removal) (b) Date thereof Feb 14 1939 (month) (day) (year)

(c) Cemetery or crematory Verona

Location Virginia

18 (a) Funeral director C. H. Feete & Bro. B. Lee Feete

(b) Address Brunswick Mary Ind.

19 (a) Feb 13 1939 (Date rec'd by registrar) (b) Wm H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 10 1939, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to Feb 10 1939 and that I last saw him alive on Feb 6 1939.

Immediate cause of death Tuberculosis of Spine

Due to Tuberculosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations T. B. of Spine

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Schnauffer M. D. or other

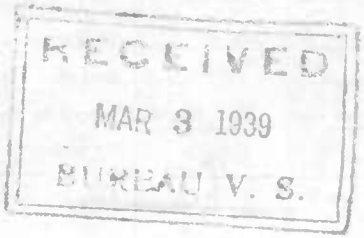
Address Brunswick Date signed Feb 11-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

For authorization to change residence of deceased see letter filed under Sutton. 6/5/39.



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

30

Within Corporation Limits

CERTIFICATE OF DEATH (59)

01694

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 39 S. Market St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 55 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 39 S. Market St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Jesse Herman Michael

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of ~~husband~~ or wife Susan E. Michael

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1867

8. AGE: Years 71 | Months 6 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Doubs, Md. (Town, county, and state)

10. Usual occupation Wall Paper Hanger

11. Industry or business

FATHER
12. Name D. Jerome Michael
13. Birthplace Doubs, Md.

MOTHER
14. Maiden Name Eugenia Michael
15. Birthplace Doubs, Md.

16 (a) Informant H. Lavier Michael
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Md.

19 (a) 27-Feb-39 (Date rec'd by registrar) (b) J. McLeod Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 26, 1939, at 3.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1939, to Feb. 26 1939, and that I last saw him alive on Feb. 26 1939.

Immediate cause of death Cerebral Thrombosis — Duration 1 mo

Due to Arteriosclerosis

Due to Diabetes Mellitus

Other conditions Hemiplegia of slow onset (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md. Date signed 2/27/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 147

CERTIFICATE OF DEATH

01695

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Rural Near Ridgeville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Route #240

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(d) Street No. 111 N. Locust St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Freda A. Middlekauff

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1915

8. AGE: Years 24 | Months 1 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Hagerstown, Maryland (Town, county, and state)

10. Usual occupation Private Nurse

11. Industry or business

FATHER

12. Name John C. Middlekauff

13. Birthplace Hagerstown, Maryland

MOTHER

14. Maiden Name Anna Katzel

15. Birthplace Hagerstown, Maryland

16 (a) Informant Mrs. J. C. Middlekauff

(b) Address Hagerstown, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 39 (month) (day) (year)

(c) Cemetery or crematory Rose Hill

Location Hagerstown, Maryland

18 (a) Funeral director A. K. Coffman

(b) Address Hagerstown, Maryland

19 (a) Feby 20/39 (Date rec'd by registrar) (b) Archley R. Mohrmann Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 19 1939, at 11 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1939 to Feb. 19 1939 and that I last saw ~~him~~ her dead alive on Feb. 19 1939.

Immediate cause of death	Duration
Fracture of Skull	Feb. 19
Due to Automobile accident	
Due to	
Other conditions Compound Fracture of Shoulder (Include pregnancy within 3 months of death)	Feb. 19

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Feb. 19 - 1939

(c) Where did injury occur Highway - Ridgeville to New Market (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? No

(e) Means of injury Automobile accident

23. Signature Frank D. Worthington M. D. or other

Address Frederick - Md Date signed Feb. 20 - 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 28 1939
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01696

47-B

1. PLACE OF DEATH

County Frederick, Registration Dist. No. 139

Village or City State Sanatorium. Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 5 mos. 25 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel E. Myers. If U. S. Veteran, specify WAR

(a) Residence: No. 771 S. Potomac. St. St., Ward. Hagerstown. Maryland.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude C. Myers.

6. DATE OF BIRTH (month, day, end year) Feb. 14 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	20	

OCCUPATION

8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Auto- Assembler

9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked et this occupetion (month and year) Feb 1938

11. Total time (years) spent in this occupation 12Yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Kinza B. Myers.

14. BIRTHPLACE (city or town) (Stete or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Rawlins.

16. BIRTHPLACE (city or town) (Stete or country) Maryland.

17. INFORMANT Daniel E. Myers. (Address) Hagerstown. Md.

18. BURIAL, CREMATION, OR REMOVAL Piece Hagerstown, Md. Date , 19

19. UNDERTAKER A. K. Coffman. (Address) Hagerstown. Md.

20. FILED 2/6/39, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938, to Feb 4, 1939

I lest saw him alive on Feb 3, 1939; death is said to have occurred on the date steted ebove, et 4.00 A.M.

The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:

	Date of onset
Bronchogenic Carcinoma of left Lung	Feb. 1938

Other Contributory Causes of importence:

Metastesis to contra-lateral Lung

Name of operation none Dete of

Whet test confirmed diegnosis? Chest X-Ray Was there an eutopsy? yes

23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Neture of injury

24. Was disease or injury in any wey related to occupetion of deceesed? no

If so, specify

(Signed) Stewart S. Shaffer M. D.

(Address) State Sanatorium. md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED MAR 3 1930 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01697

1. PLACE OF DEATH (48)

County Frederick Outside Registration Dist. No. 131

~~Village or City~~ Montevue No. Emergency Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Rebecca Nelson If U. S. Veteran, specify WAR —

(a) Residence: No. Frederick Co. Fredericksburg Md St., ... Ward. Knoxville Md
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (*write* the word)
Female	Col.	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Wm Edward Nelson

6. DATE OF BIRTH (month, day, and year) Aug. 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ~~Housewife~~

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Frederick Co.
(State or country) Maryland.

FATHER

13. NAME Lewis Belt

14. BIRTHPLACE (city or town) .....
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Ann Burgess

16. BIRTHPLACE (city or town) .....
(State or country) Md.

17. INFORMANT Miss Adelsberger Emergency Hosp
(Address) Frederick Co. Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Rosemont Md Date Feb. 16, 1939

19. UNDERTAKER C. N. Fete & Bro or B. Lee Fete
(Address) Rosemont Md

20. FILED 13 Feb 1939 A. M. Mercer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1939, to Feb. 12, 1939
I last saw h.. alive on Feb 12, 1939; death is said to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2 years
Other Contributory Causes of Importance:	
Secondary Anemia	1 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank D. Worthington M. D.

(Address) Frederick - Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED MAR 8 1939 BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

WITHIN CORPORATE LIMITS OF (30) CD Reg. Dist. No. 141

CERTIFICATE OF DEATH

01698

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 412 Brunswick Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 5 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State West Virginia (b) County Logan
(c) City or town Keyser West Virginia (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mary Elizabeth Ravenscroft

3 (b) If veteran, name war: None
3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John W. Ravenscroft
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1855

8. AGE: Years	Months	Days	If less than one day
93	5	21	____hr. ____min.

9. Birthplace Dawson, Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Abraham Dawson
13. Birthplace Dawson, Md.

MOTHER
14. Maiden Name Amelia Dawson
15. Birthplace Md

16 (a) Informant Fred. A. Ravenscroft
(b) Address Brunswick, Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof March 2, 1939 (month) (day) (year)
(c) Cemetery or crematory Keyser, West Virginia
Location Keyser

18 (a) Funeral director C. H. Fyfe & Son
(b) Address Brunswick, Md

19 (a) Mar 1 '39 (Date rec'd by registrar) (b) Chas E Hodges Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 26 1939, at 5 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Feb 25 1939, to Feb 28 1939 and that I last saw him alive on Feb 26 1939.

Immediate cause of death	Carcinoma of Breast	2
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [signature] M. D. or other
Address [illegible] Date signed 3/1/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 4 1939
BUREAU V. S.

01699

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (122-E)

County Frederick Registration Dist. No. 141

Village or City Brunswick No. Schnauffer Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 6 mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smith Reed Jr. If U. S. Veteran, specify WAR

(a) Residence: No. D 10 Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 28/38

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1938	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick (State or country) Frederick Co. Md

FATHER

13. NAME Charles S. Reed

14. BIRTHPLACE (city or town) Lovettsville (State or country) Virginia

MOTHER

15. MAIDEN NAME Ruby Thurse Oden

16. BIRTHPLACE (city or town) Brunswick (State or country) Md

17. INFORMANT Charles T. Reed (Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL Place Lovettsville Virginia Date Feb. 3, 1939

19. UNDERTAKER Jesse B. Dailey (Address) Brunswick Md

20. FILED Feb 2, 1939 Wm H. S. Hodge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1939, to Feb 1, 1939

I last saw him alive on Feb 1, 1939; death is said to have occurred on the date stated above, at 9 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bulbar Nerve Obstruction	?

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Schnauffer M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

MAR 3 1930
U. S. BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

01700

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 31 Winchester St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 31 Winchester
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Harvey Otterbeon Ridenour

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widower

6 (b) Name of ~~husband~~ or wife: Emma Warner

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 16, 1859

8. AGE: Years 79 | Months 8 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Myersville, Fred'k Co. Md.
(Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name Frederick Ridenour
13. Birthplace Nr. Myersville, Fred'k Co. Md.

MOTHER
14. Maiden Name Susan Hoover
15. Birthplace Nr. Myersville, Fred'k Co. Md.

16 (a) Informant Mrs. John L. Smith
(b) Address 31 Winchester St., Fred'k, Md.

17 (a) Burial
(Burial, ~~cremation, or removal~~)
(b) Date thereof Feb. 28, '39
(month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 27-Feb-1939 (b) Ira J. McSurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death February 25, 1939 at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 24th 1939 to Feb 25th 1939, and that I last saw him alive on Feb 24th 1939.

	Duration
Immediate cause of death Myocarditis	10 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedges M. D. or other

Address Frederick Md. Date signed Feb 27th 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

Outside

CERTIFICATE OF DEATH

108

01701

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Rural, Frederick R.D. 4
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 11mo.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Rural, Frederick R.D. 4
(If outside city or town limits, write RURAL and give town)

(d) Street No. Between Adamstown & Jefferson
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Ere Rollins.

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, ~~married, widowed~~, or divorced.
None	None	female	colored	single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1938

8. AGE: Years	Months	Days	If less than one day
0	10	26	____hr. ____min.

9. Birthplace Mt. Ville Fred., Maryland
(Town, county, and state)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Jesse E. Rollins.
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name Janie Herbert,
15. Birthplace Mt. Ville, Maryland

16 (a) Informant Jesse E. Rollins,
(b) Address Frederick, Md. R.D. 4

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20, 39 (month) (day) (year)

(c) Cemetery or ~~Crematory~~ Sunnyside Col. M.E.
Location Mt. Ville, Fred. R.D. 4

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 20-Feb-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 19 1939, at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1939, to ~~Feb~~ 2/19 1939, and that I last saw ~~him~~ her alive on 2/12 1939.

Immediate cause of death	Duration
Toxemia	5 Days
Due to Lobar Pneumonia	1 wk
Due to Malnutrition & Cold	1 wk
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Talbott Price
M. D. or other

Address Jefferson Date signed 2/19/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01702

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick Within Corporation Limits? Registration Dist. No. 131

Village or City Frederick ~~City Hospital~~ No. Frederick City Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ---yrs. ---mos. ---ds. How long in U.S. if of foreign birth? ---yrs. ---mos. ---ds.

2. FULL NAME Baby Rumbey If U. S. Veteran, specify WAR

(b) Residence: No. Mt Airy Carroll Co Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Feb 20 1939

7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, 0 hrs. or --- min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick City Hospital (State or country) Frederick, Md.

FATHER

13. NAME Edward N. Rumbey

14. BIRTHPLACE (city or town) Mt. Airy (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Mildred L. Mullinix

16. BIRTHPLACE (city or town) Mt Airy (State or country) Frederick Co. Md.

17. INFORMANT Edward N. Rumbey (Address) Mt. Airy Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Pine Grove Cemty Date Feb. 23, 1939

19. UNDERTAKER C. M. Walty (Address) Winfield Md.

20. FILED 20-Feb-, 1939 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 20 (Day) 1 (Year) 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1939, to ---, 19---

I last saw him alive on Feb 20, 1939; death is said to have occurred on the data stated above, at 2.00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Still born	Feb. 20-39

Other Contributory Causes of importance:

Nama of operation --- Data of ---

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Data of injury ---, 19---

Where did injury occur? --- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ---

(Signed) J. Stanley Grabill M. D.

(Address) Mt Airy, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAR 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

(23)

Reg. Dist. No. 139

01703

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick,

(b) City or town State Sanatorium, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
State Sanatorium,

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo 14Days

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County ____

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1216 N. Charles St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George E. Scheihing.

3 (b) If veteran, name war ____

3 (c) Social Security No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maude Scheihing

6 (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) April 21 1897

8. AGE: Years	Months	Days	If less than one day
41	10	7	____ hr. ____ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Rate-Clerk

11. Industry or business B & O R. R.

FATHER

12. Name George Scheihing

13. Birthplace Maryland.

MOTHER

14. Maiden Name Emma Filbey

15. Birthplace Penna.

16 (a) Informant George E. Scheihing

(b) Address Baltimore. Md.

17 (a) Balto. Md. (Burial, cremation, or removal) (b) Date thereof Mar 3 1939 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore. Md.

18 (a) Funeral director Henry H Witzke

(b) Address Baltimore Md

19 (a) 3/4/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 28 1939, at 8.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1939, to Feb 28 1939, and that I last saw him alive on Feb 28 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2Yrs 4Mos
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature Stewart S. Shaffer M.D. (M. D. or other)

Address State Sanatorium md. Date signed 3/28/39

RECEIVED
MAR 11 1939
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01704

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Frederick County (77) Registration Dist. No. 137

Village or City Johnsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel David Schwaber

(a) Residence: No. Johnsville Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Schwaber

6. DATE OF BIRTH (month, day, and year): Sept 21-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland Frederick Co

FATHER

13. NAME: John David

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Hoyle

16. BIRTHPLACE (city or town) (State or country): Frederick Co

17. INFORMANT (Address): J. H. Schwaber Keymar Md

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Hope Date Feb 26, 1939

19. UNDERTAKER (Address): Raymond K Wright Union Bridge Md

20. FILED Feb 24, 1939 N M Brittingham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2 (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1939, to 2-23-, 1939

I last saw h-m alive on 2-22-, 1939; death is said to have occurred on the date stated above, at 2 4m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other **Contributory Causes** of importance:

Prostatic Enlargement	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H Legg M. D.

(Address) Union Bridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

MAR 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 132

CERTIFICATE OF DEATH (131)

01705

6

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Bolivar Middletown, Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 80

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Middletown, Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Susan F. Shank

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Joseph Haupt

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859 Sept. 18

8. AGE: Years 79 | Months 4 | Days 25 | If less than one day ____hr. ____min.

9. Birthplace Middletown Fred Co. Md.
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Jacob Shank
13. Birthplace Middeltown Fred. Co. Md.

MOTHER
14. Maiden Name Mahala Bowlus
15. Birthplace Middletown Fred., Co. Md.

16 (a) Informant Albert Keller
(b) Address Middletown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~13~~ 2/15/39 (month) (day) (year)

(c) Cemetery or crematory Reform Cemetery
Location Middletown, Md.

18 (a) Funeral director Gladhill Company
(b) Address Middletown, Md.

19 (a) Feb. 15 1939 (Date rec'd by registrar) (b) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 13 1939, at 12 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1939, to Feb 13 1939, and that I last saw him alive on Feb 12 1939.

	Duration
Immediate cause of death: Chronic Nephritis	about 3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Elmer Harp M. D. or other

Address Middletown Date signed 2-14-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

91706

Outside

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue (Rural R.F.D. 3

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: R. F. D. #3, Frederick, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 25

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick R. F. D. #3

(If outside city or town limits, write RURAL and give town)

(d) Street No. Nr. Yellow Springs, Md.

(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Dennis Joshua Shankle

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Annie Kingbull

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 30, 1867

8. AGE: Years 71 | Months 7 | Days 20 | If less than one day: ____ hr. ____ min.

9. Birthplace Frederick County, Maryland (Town, county, and state)

10. Usual occupation Night Watchman

11. Industry or business Montevue (county home)

FATHER

12. Name David Shankle

13. Birthplace Frederick County, Maryland

MOTHER

14. Maiden Name Harriett Stull

15. Birthplace Frederick County, Maryland

16 (a) Informant Walter A. Shankle

(b) Address 708 Trail Ave., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22, 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Pleasant Hill Cem.

Location Nr. Yellow Springs, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 22 Feb 1939 (Date rec'd by registrar) (b) Dora J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death February 20, 19 39 at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 19 39, to Feb 20 19 39, and that I last saw him ~~alive~~ dead on Feb 20 19 39.

Immediate cause of death	Duration
Coronary thrombosis	1/2 day
Due to	
Due to	
Other conditions Chronic Myocarditis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature B. O. Thomas M. D. or other

Address Frederick Md Date signed Feb 22 39

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

82-a

01707

d Outside

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or~~ town Bloomfield (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 70 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or~~ town Bloomfield (Rural)
(If outside city or town limits, write RURAL and give town)

(d) Street No. Frederick R.F.D. 3. Md.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Florence Virginia Shankle

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or ~~wife~~: Wm. S. Shankle

6. (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Oct. 3rd 1868

8. **AGE:** Years 70 | Months 4 | Days 11 | If less than one day _____ hr. _____ min.

9. Birthplace Bloomfield. Fredk. Co. MD
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name George W. Harris

13. Birthplace Frederick Co. MD

MOTHER

14. Maiden Name Laura V. Stone

15. Birthplace Bloomfield. Fredk Co. MD

16 (a) Informant wm. S. Shankle.

(b) Address Frederick. Md. R.F.D

17 (a) Burial (Burial, cremation, or ~~removal~~) (b) Date thereof Feb. 27-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Charlesville. Md.

Location _____

18 (a) Funeral director M. L. Creager & Son

(b) Address Thurmont. MD

19 (a) 25-Feb, 1939 (Date rec'd by registrar) (b) Wm J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 24th. 1939, at 12 P; M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on June 19 38

	Duration
Immediate cause of death: Cerebral Hemorrhage	Unknown
Due to: Arterio Sclerosis	15 years
Due to:	
Other conditions: Thyroid	30 year

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedges M. D. or other

Address Frederick Md Date signed Feb 24 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH (131)

01708

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town near Rocky Ridge (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Rocky Ridge rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emory Clayton Shorb.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mattie Tyler

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov 12-1869

8. AGE: Years 69 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Keysville Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER 12. Name Washington Shorb

13. Birthplace Keysville Md

MOTHER 14. Maiden Name Margaret Jane Wetzell

15. Birthplace Keysville Md

16 (a) Informant Mrs. Mattie Shorb

(b) Address Rocky Ridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11-1939 (month) (day) (year)

(c) Cemetery or crematory Rocky Ridge (Mt. Tabor)

Location

18 (a) Funeral director M L Creager Son

(b) Address Thurmont Md

19 (a) Feb. 10, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 9 1939, at 11.50 a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1938, to Feb 9 1939, and that I last saw him alive on Feb 9 1939.

Immediate cause of death	Duration
Chronic interstitial nephritis	3 yrs
Due to	
Due to Myocarditis	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Roland R. Diller MD M. D. or other

Address Detour Md Date signed 2/9/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(51-B)

01709

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in this community (yrs., mos., or days) 2 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Jefferson (If outside city or town limits, write RURAL and give town)

(d) Street No. None (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Daniel Luther Slagle

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Laura H. Slagle

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 6/30/62

8. AGE: Years 76 | Months 7 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Jefferson, Frederick, Md. (Town, county, and state)

10. Usual occupation Farming (retired)

11. Industry or business

FATHER

12. Name George W. Slagle

13. Birthplace Jefferson, Maryland

MOTHER

14. Maiden Name Mary C. Culler

15. Birthplace Jefferson, Maryland

16 (a) Informant George C. Slagle

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Feb. 15/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Reformed Cemetery

Location Jefferson, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 14-Feb (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 12 1939, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/9 1938, to 2/12 1939, and that I last saw him alive on 2/12 1939.

Immediate cause of death	Duration
Bronchopneumonia	3 Days
Due to Anemia & metastatic Carcinoma	about 2 mo
Due to Carcinoma of Bladder	1 yr
Other conditions Senility & Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:

Of operations Carcinoma of Bladder

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature A. Talbot Price M. D. or other

Address Jefferson Date signed 2/13/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

01710

CERTIFICATE OF DEATH

(131)

24

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 109 E. 8th St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 22 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 109 East 8th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Ida Stine

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Elias T. Stine

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 9th 1853

8. AGE: Years 85 | Months 4 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Johnsville Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Geo. M. Wachter

13. Birthplace Frederick Md.

MOTHER

14. Maiden Name Julia Ann Fox

15. Birthplace Woodsboro Md

16 (a) Informant Mrs. Annie F. Cline

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/3/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lutheran

Location Middletown Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Maryland

19 (a) 3-March, 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 28 1939 at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1923, to Feb. 28 1939, and that I last saw ~~him~~ her alive on Feb. 28 1939.

Immediate cause of death Uraemic Coma

Due to Chronic Interstitial Nephritis

Due to

Other conditions

J. M. Goodman M.D. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Goodman M.D. M. D. or other

Address Frederick Md. Date signed March 3-'39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01711

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Frederick (1072) Registration Dist. No. 140

Village or City LeGore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Jr. Stottlemyer If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 29 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	7	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Data deceased last worked at this occupation (month and yaar) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) LeGore (State or country) Fredk Co. Md.

FATHER

13. NAME Thos. Jefferson Stottlemyer

14. BIRTHPLACE (city or town) Smithsburg (State or country) Md.

MOTHER

15. MAIDEN NAME Cathrine L. Stottlemyer

16. BIRTHPLACE (city or town) LeGore (Stata or country) Md.

17. INFORMANT Thos. J. Stottlemyer (Address) LeGore Md.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date Feb. 8., 1939

19. UNDERTAKER Powell & Albaugh (Address) Woodsboro, Md.

20. FILED Feb 7, 1939 L C Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 6 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1939, to Feb. 6, 1939

I last saw him alive on Feb. 6, 1939; death is said to have occurred on the date stated above, at 9.15 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Primary Pneumonia (Bronchial);	Feb. 4 1939
starting as an ordinary cold.	
Duration four days. Dr. S.R.	
Other **Contributory Causes** of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was thera an autopsy? —

23. If death was due to external causes (VIOLENCE), fill in also the following:

Accident, sulcide, or homicide? — Date of injury —, 19—

Whera did Injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, spacify —

(Signed) C. A. Stultz M.D. M. D.

(Address) Woodsboro Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 6 1928 BUREAU V.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. _____

CERTIFICATE OF DEATH

(23)

01712

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium. Maryland.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20Days

(e) Length of stay in this community (yrs., mos., or days) _____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Montgomery Co.

(c) City or town Rockville.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Lincoln Park Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Lillie May Turner

3 (b) If veteran, name war _____

3 (c) Social Security No. _____

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James L. Turner

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Nov 1 1895

8. AGE: Years 43 | Months 3 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

FATHER

12. Name J.B.Barter

13. Birthplace Unknown

MOTHER

14. Maiden Name Frances M. Sullivan

15. Birthplace Unknown

16 (a) Informant Lillie May Turner

(b) Address Rockville. Md.

17 (a) Orange, Va. (Burial, cremation, or removal) (b) Date thereof Feb 20 1939 (month) (day) (year)

(c) Cemetery or crematory Unknown

Location Orange, Va.

18 (a) Funeral director Warner E. Pumphrey

(b) Address Rockville, Md.

19 (a) 2/18/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 18 19 39 at 9.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1939, to Feb. 18 19 39, and that I last saw him alive on Feb 17 19 39.

Immediate cause of death	Duration
Pulmonary Tuberculosis	5½ Mos.
Due to Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature Stewart D. Shaffer M.D.
M. D. or other

Address State Sanatorium. md. Date signed 2/18/39

MAR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH

207-m

01713

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Near Thurmont Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown. Trespasser Western Maryland Railway Co

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years abt. 35 | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb. 18-39
(month) (day) (year)

(c) Cemetery or crematory Montevue

Location Near Frederick

18 (a) Funeral director M. L. Creager & Son

(b) Address Thurmont. MD

19 (a) Feb. 17-1939
(Date rec'd by registrar)

(b) Anna M. Jones
Registrar

MEDICAL CERTIFICATION

20. Date of death about Feb. 11th, 1939, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Found dead 19 to 19,

and that I last saw him alive on 19.

	Duration
Immediate cause of death Fractured Skull	?
Due to Struck by Engine	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 2/11/39

(c) Where did injury occur? Thurmont Frederick Md
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? railroad track While at work? no
(Specify type of place)

(e) Means of injury

23. Signature Morris A. Bird
M. D. or other

Address Thurmont Md Date signed 2/17/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

01714

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick Registration Dist. No. 131

Village or City Near Frederick Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Wachter If U. S. Veteran, specify WAR None

(a) Residence: No. near Frederick md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Elizabeth Wachter

6. DATE OF BIRTH (month, day, and year): Oct. 12 - 1859

7. AGE: Years 79 | Months 3 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 58 yrs

12. BIRTHPLACE (city or town): Bloomfield

(State or country): Frederick Co. Md

FATHER

13. NAME: Henry Wachter

14. BIRTHPLACE (city or town): Bethel

(State or country): Frederick Co. Md

MOTHER

15. MAIDEN NAME: Sarah Keyser

16. BIRTHPLACE (city or town): Bloomfield

(State or country): Frederick Co.

17. INFORMANT: James C. Grimes

(Address): Frederick Md.

18. BURIAL, CREMATION OR REMOVAL

Place: Charlesville Md. Date: July 10, 1939

19. UNDERTAKER: C. E. Cline & Son

(Address): Frederick Md.

20. FILED: 9 Feby, 1939 Ira J. McCurdy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: February (Month) 8, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1-5-, 1939, to 2-7-, 1939

I last saw him alive on Feb. 7, 1939; death is said to have occurred on the date stated above, at 2:30a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute myocarditis	Jan. 1939
Other Contributory Causes of Importence:	
Arterio-sclerosis	1936

Name of operation: Date of:

Whether test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. H. Conley M. D.

(Address) Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

01715

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (97)

County Frederick Registration Dist. No. 144

Village or City Creagerstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidanca in city or town whera daath occurrad yrs. mos. ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME James Elizabeth Warner If U. S. Veteran, specify WAR

(a) Residence No. Creagerstown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)
Female	White	Widowed

5a. If merried, widowed, or divorcad HUSBAND of (or) WIFE of David M Warner

6. DATE OF BIRTH (month, day, end year) Mch 12 - 1854

7. AGE Years	Months	Oays	If LESS then 1 day, hrs. or min.
84	10	19	

OCCUPATION

8. Treda, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. Housework

10. Date deceasad last worked at this occupation (month and year) 1937

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) Woodsboro (State or country) Md

FATHER

13. NAME George D Mantz

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Mary A Ott

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Clarence Warner (Address) Rocky Ridge Md.

18. BURIAL, CREMATION, OR REMOVAL Pleca Mt Hope Woodsboro Date Feb 3rd, 1939

19. UNDERTAKER Pilkinton & Creeger (Address) Thurmont

20. FILED Feb. 2, 1939 Anna M. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 1st (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 1, 1937, to Feb. 1, 1939

I last saw her alive on Dec. 8, 1938; death is said to have occurrad on the date stated above, at 9 A m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of importance wera es follows:

	Date of onset
Arteriosclerosis	about 10 years 1929

Other **Contributory Causes** of importance: —

Name of operation none Date of

What test confirmad diegnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: No

Accidant, suicida, or homicida? no Date of injury —, 19

Whare did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury none

Nature of injury

24. Wes disease or injury in eny way related to occupation of deceasad? no

If so, spacify —

(Signed) C A Stultz M. D.

(Address) Woodsboro Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED MAR 3 1930 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

(159)

01716

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Schnuffer Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State — (b) County —

(c) City or town — (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Infant R. M. Webber

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. ~~neither~~

6 (b) Name of husband or wife: None

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1939

8. **AGE:** Years — Months — Days — If less than one day ____ hr. ____ min.

9. Birthplace Brunswick, Fred. Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER

12. Name Russell M. Webber

13. Birthplace Knoxville

MOTHER

14. Maiden Name Mary J. Phillips

15. Birthplace Maryland

16 (a) Informant R. M. Webber

(b) Address Knoxville Md

17 (a) Knoxville (Burial, cremation, or removal) (b) Date thereof Feb 13 1939 (month) (day) (year)

(c) Cemetery or crematory Knoxville Md.

Location

18 (a) Funeral director C. H. Feete & Bro. B. Ltd.

(b) Address Brunswick, Maryland

19 (a) Feb 13 1939 (Date rec'd by registrar) (b) Jas H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 12 1939, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 11 1939, to Feb 12 1939, and that I last saw him alive on Feb 12 1939.

Immediate cause of death: Premature

Due to 7 months [illegible]

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Schnuffer M. D. or other

Address Brunswick Date signed Feb 12 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 153

CERTIFICATE OF DEATH

B1717

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Walkersville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Main St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in this community (yrs., mos., or days) 22 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Walkersville (If outside city or town limits, write RURAL and give town)

(d) Street No. Main St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Emma Elizabeth Welker

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Columbus A. Welker

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1856

8. AGE: Years	Months	Days	If less than one day
82	3	4	____ hr. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business School Teacher

FATHER

12. Name Mark Bishop

13. Birthplace Frederick Co, Md.

MOTHER

14. Maiden Name Agnes Beck

15. Birthplace Frederick Co, Md.

16 (a) Informant Mrs. Susan Myers

(b) Address Walkersville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt. Hope

Location Woodsboro, Md.

18 (a) Funeral director H. C. Barton

(b) Address Walkersville, Md.

19 (a) Feb 20 (Date rec'd by registrar) (b) R. Ward Stanton Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 19 1939, at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1939, to Feb. 18 1939, and that I last saw ~~him~~ her alive on Feb. 19 1939.

Immediate cause of death	Duration
Myocarditis	1 year
Due to old age	
Due to	
Other conditions Carcinoma of left breast with metastases (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Arthur Kac M. D. or other

Address Walkersville, Md Date signed Feb 20, 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MAR 3 1939
BUREAU V. S.

01718

STATE OF MARYLAND—CERTIFICATE OF DEATH

(94E)

1. PLACE OF DEATH

County Fredrick Registration Dist. No. 134

Village or City Mt. St. Marys No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Bernard Wetzel Social Security No 212-07-0807 If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Nellie G. Topper

6. DATE OF BIRTH (month, day, and year) February 23. 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	00	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Feb 11, 1939

11. Total time (years) spent in this occupation 18 Years

12. BIRTHPLACE (city or town) (State or country) Fredrick Co, Md.

FATHER

13. NAME Albert Columbus Wetzel

14. BIRTHPLACE (city or town) (State or country) Fredrick Co, Md.

MOTHER

15. MAIDEN NAME Susan Virginia Little

16. BIRTHPLACE (city or town) (State or country) Fredrick Co, Md.

17. INFORMANT Nellie G Wetzel (Address) Thurmont, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place St Anthony Emmitsburg Md. Date Feb 27, 1939

19. UNDERTAKER S. L. Allison (Address) Emmitsburg, Md.

20. FILED Feb 25, 1939 M. F. Shuff Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1939, to 2/23, 1939

I last saw him alive on 2/22, 1939; death is said to have occurred on the date stated above, at 3.15a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 2/12/39

Acute Dilatation Heart

Acute Nephritis

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Physical examination & symptoms Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Morris A Bierly M. D.

(Address) Thurmont Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU OF U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 136

CERTIFICATE OF DEATH

93-C

01719

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Rural, Ijamsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 26 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Rural, Ijamsville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob Jerome Wilcom

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Isabel Hane Wilcom

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) April 15, 1863

8. AGE: Years 75 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Frederick County (Town, county, and state)

10. Usual occupation Farmer (Retired)

11. Industry or business

FATHER 12. Name Jerome Wilcom

13. Birthplace Germany

MOTHER 14. Maiden Name Emily Smith Wilcom

15. Birthplace Germany

16 (a) Informant Wm. J. Wilcom

(b) Address Ijamsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Md.

19 (a) Feb 20-39 (Date rec'd by registrar) (b) G. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 19, 1939, at 7.15 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1937, to Feby 19 1939 and that I last saw him alive on Jan 10 1939.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Frederick Md. Date signed 2/20/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Slusher

RECEIVED
MAR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 138

CERTIFICATE OF DEATH

46-C

61720

1. PLACE OF DEATH:
(a) County Frederick.
(b) City or town Rural New Market. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 66-7-6

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Worthington Wood.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-3-1872

8. AGE: Years 66 | Months 7 | Days 6 | If less than one day ____hr. ____min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation House Keeper.

11. Industry or business

FATHER
12. Name Charles Wood.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Katherine Worthington
15. Birthplace Maryland.

16 (a) Informant Harry Wood. Brother.
(b) Address New Market Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-1939 (month) (day) (year)
(c) Cemetery or crematory New Market Cemetary
Location " "

18 (a) Funeral director W. E. Falconer.
(b) Address New Market Md.

19 (a) Feb 11 1939 (Date rec'd by registrar) (b) Lucian W. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death Feb. 9, 1939, at 6.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19, 1939, to Feb 9, 1939, and that I last saw him alive on Feb 9 1939.

Immediate cause of death	Duration
Carcinoma of Intestines	12 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest P. Roop, M.D. (M. D. or other)
Address New Market, Md. Date signed Feb. 9, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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